



COMMUNITY DEVELOPMENT DIVISION
FREDERICK COUNTY, MARYLAND

Department of Permits and Inspections

30 North Market Street • Frederick, Maryland 21701

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TTY: Use Maryland Relay Service

TIP JAR/PUNCHBOARD MONTHLY REPORT
OFF PREMISE

PLEASE PRINT

Report for the month of _____ 20____

Off Premise Tip Jar/Punchboard Permit # _____

Name of Organization _____

Name of Operator (Off Premise location selling the tip jars; bar) _____

How many bags were PURCHASED this month? _____ How many bags were SOLD this month? _____

Based on the number of tip jars/punchboards **SOLD** this month, please fill in each blank (if answer is none, enter "0"):

1. TOTAL AMOUNT OF MONEY COLLECTED BEFORE PAYOUTS \$ _____
2. TOTAL AMOUNT OF MONEY PAID TO WINNERS \$ _____
3. NET PROCEEDS (subtract #2 from #1) \$ _____
4. BAG FEE COSTS FOR BAGS **SOLD** (not purchased) THIS MONTH \$ _____
If the Organization is paying for the bags either by paying the actual bill *or* by funds withheld out of the proceeds collected by the Operator, it is determined that the Organization is purchasing the bags and cost must be indicated on #4. You will need to match up the tip jar serial numbers with the correct invoice from your Distributor in order to determine the correct bag fee costs for the month.
5. PROCEEDS (subtract #4 from #3) \$ _____
6. EXPENSES – ALLOWABLE REIMBURSEMENT OF EXPENSES BY THE ORGANIZATION TO THE OPERATOR CANNOT EXCEED 30% OF LINE #5.
 - a. Permit Fee (if paid by operator) \$ _____
 - b. Salary Cost (wages of the person conducting the tip jar or punchboard) \$ _____
 - c. Report Fee (cost of producing the required monthly reports) \$ _____
 - d. Bag Fees \$ _____
If paid by the operator, with no reimbursement, then it is taken as part of the operators' allowable 30%.
 - e. Total Expenses (add "a." thru "d."- CANNOT EXCEED 30% OF LINE #5) \$ _____
7. TOTAL FUNDS PAID TO THE ORGANIZATION (subtract #6 from #5) \$ _____
Operator's Check # _____ Date _____
Note: Funds are to be given to the organization, **each month, within 45 days from the end of the month**. This report is due at the same time. It is strongly suggested that payment be made in the form of a check; not cash.

List name (s) of the distributor(s) that you purchased the TIP JAR/PUNCHBOARD supplies from: _____

Signature of Representative (Responsible Person Listed On Permit)

Date

Printed Name

Daytime Phone Number